

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Daniel Holt  
Coastal limousine of oak island

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 114 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Daniel D Holt

Telephone: 704 620 3401

Address: 1154 Birchwood dr  
Clemens, SC 29710

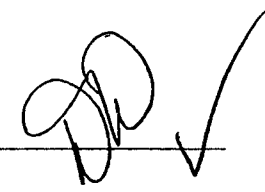
Fax: 704-620-3401

Other:

Email: plaza@medvillenc@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate   |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority  |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)  |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit   |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request  |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit  |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit   |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter   |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order   |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit  |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter   |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response   |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition   |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other:  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: \_\_\_\_\_

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Coastal Limousine of Oak Island LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1154 Birchwood dr Clover SC 29710  
Street Address of Applicant

\_\_\_\_\_  
Mailing Address of Applicant (if different from street address)

704 620 3401

Phone

704-620-3401

Fax

plazapineville@yahoo.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Daniel D Holt 1154 Birchwood dr Clover, SC 29710

Bob Epps 2608 W. Oak Island Dr Oak Island, NC 28465

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	190,000 <sup>00</sup>	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	30,000 <sup>00</sup>	Loans Owed on Motor Vehicles	0
Cash on Hand	120 <sup>00</sup>	Business/Other Loans Owed	0
Cash in Bank	210,000 <sup>00</sup>	Other Liabilities or Debts	0
Value of Other Assets and Equipment	17,000	Total Liabilities	0
Total Assets	447,120 <sup>00</sup>		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

100<sup>00</sup> per hour  
400<sup>00</sup> Deposit

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |   |                                     |                                       |
|-------------------------------------|---------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence         | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown       | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville       | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood        | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton          | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input checked="" type="checkbox"/> Horry | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper           | <input type="checkbox"/> Oconee     |                                       |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw          | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster        | <input type="checkbox"/> Pickens    |                                       |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens          | <input type="checkbox"/> Richland   |                                       |

### DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
LINC	2006 LM	2L1FM88W76Y614704	4359 <sup>00</sup>

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Daniel Holt (Coastal Limousine of OAK ISLAND)  
Name of Applicant

1154 Birchwood Dr Clover, SC 29710  
Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 500,000 Limits \_\_\_\_\_

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Progressive Commercial  
Name of Insurance Company

747 Alpha Dr Highland Heights, OH 44143  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)***Daniel D. Holt*

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Walter Hunt  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF York )

SWORN TO BEFORE ME

This 13th day of April, 20 20

Kenneth Orr  
Notary Public

Commission Expires \_\_\_\_\_

Kenneth Orr  
Notary Public, State of South Carolina  
My Commission Expires Feb. 25, 2026

Print Application

South Carolina Secretary of State

# Business Entities Online

File, Search, and Retrieve Documents Electronically

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## Coastal Limousine of Oak Island LLC

### Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina  
State:

### Important Dates

Effective Date 02/07/2020

:

Expiration N/A  
Date:

Term End N/A  
Date:

Dissolved N/A  
Date:

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### Registered Agent

Agent: UNITED STATES CORPORATION  
AGENTS, INC.

Address: 1591 Savannah Highway, Suite 201  
Charleston, South Carolina 29407

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### Official Documents On File

Filing Type	Filing Date
Articles of Organization	02/07/2020

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For filing questions please contact us at 803-734-2158

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**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 02-12-2020

Employer Identification Number:

Form: ~~SS-4~~

Number of this notice: CP 575 G

COASTAL LIMOUSINE OF OAK ISLAND LLC  
DANIEL D HOLT SOLE MBR  
1154 BIRCHWOOD DR  
CLOVER, SC 29710

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you                     . This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is COAS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

**Quote for 12 month policy period**

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$3,750.00
Paid in full discount	-521.00
Policy premium if paid in full	\$3,229.00

**Payment plans**

Payment Method: 11 Payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$3,750.00	\$626.80	10 payments of \$324.32
10 Payments, 20.0% Down	\$3,750.00	\$751.60	9 payments of \$345.16
6 Pay, Seasonal, 20.0% Down	\$3,750.00	\$751.60	5 payments of \$611.68
10 Payments, 25.0% Down	\$3,750.00	\$939.00	9 payments of \$324.34
4 Pay, Seasonal, 25.0% Down	\$3,750.00	\$939.00	3 payments of \$949.00

**Make payments by mail** or at [progressivecommercial.com](http://progressivecommercial.com). Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$3,750.00	\$626.80	10 payments of \$324.32
10 Payments, 20.0% Down	\$3,750.00	\$751.60	9 payments of \$345.16
6 Pay, Seasonal, 20.0% Down	\$3,750.00	\$751.60	5 payments of \$611.68
10 Payments, 25.0% Down	\$3,750.00	\$939.00	9 payments of \$324.34
4 Pay, Seasonal, 25.0% Down	\$3,750.00	\$939.00	3 payments of \$949.00
4 Pay, Quarterly, 25.0% Down	\$3,750.00	\$939.00	3 payments of \$949.00
1 Payment	\$3,229.00	\$3,229.00	None
OPF	\$3,750.00	\$3,750.00	None
2 Payments, 50.0% Down	\$3,750.00	\$1,876.00	1 payment of \$1,886.00

**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call Progressive at 1-800-895-2886. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
ROBERTEPPS		Married	0	

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$3,189
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			274
Bodily Injury	\$500,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Comprehensive			54
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			97
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			88
See Auto Coverage Schedule			
Roadside Assistance			46
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$3,748</b>
South Carolina Uninsured Motorist Fund charge			2
<b>Total 12 month policy premium and fees</b>			<b>\$3,750</b>

**Auto coverage schedule**

1. **2006 LINC TOWN CAR EXECUT** Stated Amount \* \$5,000 (including Permanently Attached Equip)  
VIN: **1L1SM88W76Y614704** Garaging Zip Code: 29710 Territory: 08 Radius: 100 miles  
Personal use: N Body type: Car Use class: J

Liability Premium	Liability	UM	UM PD		
	\$3189	\$250	\$24		
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$1,000	\$54	\$1,000	\$97	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$88	Selected	\$46	<b>\$3,748</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QTE (05/08)

**Duke, Daphne**

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**From:** Daniel Holt <plazapinevillenc@yahoo.com>  
**Sent:** Tuesday, April 14, 2020 2:00 PM  
**To:** PSC\_Contact  
**Subject:** [External] INSURANCE AN ID #  
**Attachments:** IRS.pdf

Attached and thanks for the help. Dan

Do you need a mattress? I can make you a great deal!

[Ask about Plaza's Warranty Guarantee](#)

Plaza Appliance Mart  
Dan Holt  
5431 MONROE RD  
CHARLOTTE, NC 28212  
704-568-7600